2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N97000006656

Entity Name: FLORIDA BUDDHIST VIHARA, INC.

Current Principal Place of Business:

2208 MAYDELL DR
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

2208 MAYDELL DR
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 59-3483149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIPULASARA, KOKKAVITA
2208 MAYDELL DRIVE
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WIPULASARA, KOKKAVITA	
Address:	2208 MAYDELL DRIVE	
City-St-Zip:	TAMPA, FL 33619 US	
Title:	D	( ) Delete
Name:	NANDA, KAMBURAGALLE	
Address:	8727 RADIO ROAD	
City-St-Zip:	HOUSTON, TX 77075 US	
Title:	D	( ) Delete
Name:	ANANDA, MORATHOTA	
Address:	2208 MAYDELL DR	
City-St-Zip:	TAMPA, FL 33619 US	
Title:	DT	( ) Delete
Name:	ANANDA, MORATHOTA	
Address:	2208 MAYDELL DRIVE	
City-St-Zip:	TAMPA, FL 33619	
Title:	D	( ) Delete
Name:	RAHULA, BASNAGODA	
Address:	8727 RADIO ROAD	
City-St-Zip:	HOUSTON, TX 77075 US	
Title:	D	( ) Delete
Name:	DEVANANDA, BOKANORUWE	
Address:	2208 MAYDELL DRIVE	
City-St-Zip:	TAMPA, FL 33619 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANANDA MORATHOTA DT 02/06/2009

Electronic Signature of Signing Officer or Director — Date